THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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Original.

PODALIC VERSION BY EXTERNAL MANIPULATION

In a Case of Dorso-posterior Position of the Right Shoulder.

BY F. C. LEBER, M.D.

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June 7, 1883, at 8 P. M., I was sent for by a midwife to see Mrs. C. M., who was in labor with her fourth child. On arrival I obtained the following history: She is a stout, healthy woman, twenty-nine years of age, and has never had the least trouble in any of her previous confinements, labor always being rapid and easy, rarely lasting beyond three or four hours. She remarked to me that she was satisfied that there was something wrong, as her feelings during the latter months of utero-gestation were so entirely different from what they were in her former pregnancies; and that she had also noticed a difference in the shape of her abdomen. She had had slight pains at irregular intervals since 10 o'clock in the morning, these becoming much stronger and more regular about 6 P. M., when a midwife was sent for.

The midwife informed me that on examination she found a hand presenting, and at once notified the lady's husband of the necessity of sending for a physician. Baring the abdomen for the purpose of examining by palpation, I noticed a decided deviation from the usual ovoid shape, there being an obvious increase in the transverse axis. The abdominal walls being sufficiently relaxed, examination by palpation was not difficult and resulted in the detection of the head in the right iliac fossa, and the breech and feet—the latter could be distinctly felt through the relaxed abdominal walls—in the left, however on a higher level than the head.

On vaginal examination I found the membranes intact and rather tough, the membranous pouch elongated and projected as low as the middle of the vagina and filling well during uterine contraction, the water receding immediately afterward. The os was almost completely dilated and the pains strong and regular. The pelvis was large and roomy. Taking advantage of the absence of a pain and gently sweeping my index finger along the membranous pouch I came in contact with what proved to be, on close examination, the right hand, on a level with the pelvic brim and slightly to the right of the median line. Running my finger along the border of the forearm in the direction of the right ilium, I next encountered the anterior surface of the elbow-joint and the upper arm resting on the pelvic brim. These parts being distinctly recognized, I next swept my finger in the direction of the left ilium with an entirely negative result, no other presenting part being discovered. The presentation and position of the child being thus clearly made out, and deeming it a favorable case for version by manipulation, either by the external method alone or by the combined external and internal method, I proceeded at once to institute the same. All the conditions as seen being favorable to this end, I placed the woman in the usual position across the bed, with her hips close to the edge and her feet resting upon chairs supported by assistants; this I did with a view to a more rapid delivery by the introduction of my hand into the uterine cavity should this become necessary. Having emptied the bladder, I next attempted cephalic version by placing the palm of my left hand above and to the right side of her abdomen and my right below and to the left, and by gentle pressure and a series of gliding movements during the interval of the pains I attempted to dislodge the head from the right ilium and

move it in the direction of the pelvic brim, at the same time moving the breech and feet in the opposite direction, from below upward. Finding, after four or five attempts, that I could not do this—the position of the presenting parts on vaginal examination being unaltered—I ceased my efforts in this direction, and, reversing the order of procedure, attempted podalic version instead. Reversing, also, the position of my hands, that is, placing the palm of my left hand in the right groin and below the head and my right hand in the left flank and above the breech and feet, I now attempted by similar gliding motions of my hands, between the pains, to press the head and shoulder upward in the direction of the fundus, and the breech and feet downward in the direction of the pelvic inlet. This I succeeded in accomplishing without much trouble, the head and shoulder slowly rising in the uterine cavity at the same time that the breech and feet became more and more depressed, until finally the hand and forearm could no longer be felt on the right side, but a foot had made its appearance on the left. During the pains I simply steadied the uterus by my hands so as not to lose the advantage gained by manipulation. As soon as the foot was distinctly felt at the brim, I ruptured the membranes during a pain, seized the foot and lodged it fairly in the vagina. With the gush of waters a loop of cord together with the other foot came down, but, as it was pulsating, although feebly, and as pains were strong and the transit of the child through the pelvic canal rapid, I did not think it proper to lose time in vain attempt to replace it. The next pain rotated the left hip under the pubic arch and the right into the hollow of the sacrum, the shoulder following precisely in the same manner. Rotation continuing, the occiput came under the pubic arch, the forehead and face into the hollow of the sacrum. The head was delivered in the usual way, and its delivery was effected most rapidly. The entire time consumed, from the time of rupturing the membranes to the complete expulsion of the child, I think, did certainly not exceed four minutes. As pulsation in the cord had ceased, it was at once ligatured and divided. The placenta was expelled almost immediately afterward. The child made a few ineffectual attempts at inspiration and expired in convulsions, although every effort known to science was made to rescue it.

LOUISVILLE, KY.

Miscellany.

A NEW DRESSING FOR WOUNDS.—The list of materials which have been suggested for the purpose of dressing wounds is already so considerable that it would almost require a lifetime to test them by practical experience and to estimate the rival claims of the various dressings. Imbued as we were with the notions of antisepticism circulated by Prof. Lister, the restoration to use of such apparently unclean substances as turf, moss, and mud came upon us as a startling event when we had been trained to look upon all unprepared articles as scientifically filthy and improper. From Prof. Bruns, of Tübingen, we receive a fresh addition to our means for carrying out the after-treatment of wounds, in the form of a preparation which he calls "wood-wool," and which he recommends to surgeons. (*Berl. Klin. Woch.*, No. 20.) Fine-grained wood in the form of splinters and shavings such as are largely employed in paper factories, according to Bruns, is the kind of material to be used in preparing the dressing which is called wood-wool. Pine wood is preferred, and especially the *Pinus picea*, which is poorer in resin and of coarser grain as compared with the wood of other pines and firs. The further preparation of the wood shavings and splinters consists in their reduction to a state of finer division by being rubbed through a wire sieve, then dried, and finally impregnated with various antiseptic substances. That considered best is a half per cent of corrosive sublimate and ten per cent of glycerine (the percentage apparently referring to the ratio between these substances and the wood-wool). The advantages of such a dressing are believed to be manifold. Compared with ashes and turf it is absolutely clean, fresh, and of white color, and is soft and pliable like ordinary wool, and withal of extraordinary cheapness. It possesses, in virtue of its contained resin, ethereal oils, certain antiseptic properties, and is so easily adapted to the wounded parts and of such elasticity that a uniform and equable pressure is easily obtained. Its principal property, however, is its extraordinary power of taking up fluids; in this it excels all other forms of dressings; it absorbs twelve times its own weight of fluid, so that ten grams of dried "wood-wool," after complete saturation, weigh one hundred and thirty grams. Simple sawdust absorbs only three to four times

and a half its weight of water, ashes only nine tenths, and sand only four tenths. This dressing has been in use by Bruns for half a year, and he has every reason to be greatly satisfied therewith. With the exception of one case of erysipelas, no secondary accidental wound diseases were met with.—*Medical Times and Gazette.*

MALARIA IN ITALY.—The Italian Minister of War has had prepared for the use of the military authorities a statistical map, showing the extension and relative intensity of malaria throughout the peninsula. This map has been compiled from an exhaustive series of sanitary observations that have been carried on for years in all the provinces of the kingdom. Italy is divided into sixty-nine provinces, of which only six are completely free from this scourge, while it is felt with great severity in twenty-one. It is estimated that forty thousand men, or more than ten per cent of the army, are annually victims, many fatally, to malaria; and the annual cost of special hospital arrangements to meet this amounts to over 10,000,000 francs. The general damage to the whole population from the ravages of this plague must be very great, if we remember that it strikes down hundreds of thousands of working-men at the most industrious period of their lives, and that it is the tangible cause why many districts are allowed to remain barren and uncultivated. It is noteworthy that malaria seems to have increased both in extent and intensity with the development of railways. This is attributed to the large excavations, which are allowed to remain unfilled, becoming in time the sites of stagnant pools or marshes. There are some of the Italian lines which have acquired the reputation of being permanent homes of malarial fever, so that the strongest constitutions can not resist its continuous attack. Hence there is great difficulty in securing the supply of personal service necessary to fill the gaps that are being perpetually made by this insidious disease.

THE LOCALIZATION OF MOTOR AREAS IN THE BRAIN.–In no department of medicine, probably, has so much advance been made during the last ten years as in the functions of the brain. (Med. Times and Gazette.) It is but a short while ago that little more was known than that each hemisphere corresponded to the opposite side of the body; now, thanks to the careful clinical observation and accurate pathological study of such men as Broca, Charcot, Flechsig, and others, we are beginning to see that each convolution has its special function, and no other. In the *Revue de Mèdecine* for May, MM. Charcot and Pitres have commenced a further study of the motor areas in the cortex of the brain, by analyzing all recorded cases that bear on the question. In the present article they deal solely with the non-motor region, this comprising the sphenoidal and occipital lobes, the superior parietal lobule, the lobule of the *pli courbe*, the lobule of the island of Reil, the cuneus and precuneus, the orbital lobule, and the anterior part of the first, second, and third frontal convolutions. Since their paper on this subject, in 1878, forty-four cases have been recorded of damage to these areas either by softening, hemorrhage, compression, or irritation, no matter how caused, without any permanent disturbance of motor function being produced. The only point on which any doubt could be permitted is as to whether the lobule of the *pli courbe* is concerned in raising of the upper lid. MM. Charcot and Pitres think not, and they emphasize the fact that lesion of this area is *sometimes, but not always*, followed by ptosis. They conclude that when a lesion of the brain does not involve, either by compression or irritation or directly, the ascending frontal or parietal convolutions or the paracentral lobule, it will not give rise to any disturbance of movement. Their next communication will contain an analysis of the recent cases of damage to the motor area itself.

THE LANCET thus comments on the growing crime of infanticide: The late Mr. Wakley used to assert that the number of infants murdered in the metropolis, in the course of a year, must be counted in hundreds which could not be told on the fingers. His estimate may have been too large, but the position he held as coroner gave him opportunities of forming an opinion that could not be put aside without a large amount of counter-evidence, which certainly was not forthcoming. We greatly fear that a very large proportion of the deaths of children only a few months old must be classed as avoidable. When it is not desired that an infant shall live, nothing is easier than to let it die. We know, for example, that a large percentage of the children who die by what is called "overlaying," or who are, in other words, suffocated by their parents in bed, come by their deaths because their

parents are drunk. In short, they are distinctly "killed," but the killing is not called murder, because those who do the deed happen to be intoxicated, or — which is the same thing—are supposed to be so. We can not help thinking that the leniency commonly shown in these cases is mischievous; it tends to multiply crimes of this class, and it cheapens human life in the eyes of the humbler orders of the people. We should like to find a few of these cases sent for trial on the charge of manslaughter at least. The mere fact of so sending them would act as a deterrent to those who, being anxious to get rid of an infant who may chance to be an encumbrance, pretend to a certain amount of affection for it, but nevertheless "overlay" it in a fit of pretended drunkenness, much to their secret gratification. Coroners and juries are too tender-hearted in dealing with the parents of young children who come by their deaths by a neglect which is the result of indifference, or something worse. Of late a practice seems to have sprung up of packing undesired infants in parcels and leaving them to their fate. This is a form of brutality which ought to be visited with all the severity of the law. It is, however, to be feared that even this mode of "doing children to death" will not be treated as it deserves. Infanticide is a grave social crime, but it is one that modern opinion is wont to regard with inexplicable complacency.

"Thorough" Removal of Cancer of the Breast.—At the annual meeting of the Medical Society of the State of Pennsylvania, held this month, Dr. S. W. Gross recorded his results from the "thorough" removal of cancer of the breast. The operation consists in amputation of the mamma with the whole of the covering skin and fascia, and the fascia over the pectoral muscle, together with exploration of the axilla and complete removal of the lymphatic glands if any of them are found to be infected. Dr. Gross has operated in this way twenty times. In one he was unable to remove all the obviously diseased tissues, in three others he had not been able to obtain any subsequent history. Of the remaining sixteen cases, one died, one was incomplete, in seven recurrence within a year ensued, and seven cases were considered to be successful, for they had remained free from recurrence for periods ranging from eleven to fifty-six months, or an average of over twenty-seven months. Three patients were shown to the Society, one of whom had been free from recurrence for four years and eight months, one for three years and eight months, and the third for sixteen months. In the second of these cases the axillary glands were not removed, in the other two they were. The cicatrices were soft, pliable, and freely movable.

Syphilitic Contagion.—C. H. F. Routh, in London Medical Press, says: By this excessive contagion of syphilis, we can, in a measure, understand that a woman should disease a man by her secretions, although no sore of any kind can be found in the sexual organs. This is the definite opinion of most observers, notably Mr. Henry Lee, Dr. Drysdale, Dr. Graves, of Dublin, and French authors. Mr. Lee goes so far as to say that more than half the cases of syphilis which occur in men are due to contagion from women in such condition. Dr. Graves proved it incontestably by inoculation from a woman who had been cured of all primary symptoms for over three months. Moreover, inoculation has verified the asseveration over and over again, and now that secondary symptoms are admitted to be contagious (a fact so long denied by Ricord) this can not be said to be unlikely. But Mr. Fournier extends this contagion to a period of three or four years, during the whole time of which the patient should be medically treated before a marriage could be safely concluded. I suppose also that it will be admitted that the same woman may at different periods (especially immediately before and after the catamenia, and whenever there is any admixture of blood in her secretions) convey not only more certainly but more severely syphilis, the blood of truly syphilitic persons being particularly infectious.

Syphilis has been conveyed by an insufficiently washed speculum, or a vaginal canula, so much so that Dr. Giersing, of Copenhagen, attributes the increase of syphilis in that town to the obligation lately enforced there of examining the women twice a week.

Ligature of Internal Jugular Vein. Dr. Markoe related to a recent meeting of the New York Surgical Society, a case in which during a deep dissection under the sterno-mastoid muscle for removal of a glandular tumor, he opened the internal jugular vein just opposite the entrance of

the lingual and superior thyroid veins. The hemorrhage was very profuse. After checking it by tying the lips of the wound, he dissected the parts carefully, and placed a ligature on the vein above and below the wound, and then cut the vessel across between them to relieve all tension upon the vein. He considered that it was not a safe practice to leave a lateral ligature upon a wounded vein. Dr. Gross's statistics show that secondary hemorrhage is unknown after complete ligature of a vein.

THE NATIONAL MEDICAL LIBRARY AND MUSEUM.—At the recent sessions of both the American Medical Association and the American Surgical Association resolutions were offered by distinguished members of the profession, and unanimously adopted, urging upon Congress the necessity of a fireproof building and the requisite appropriation for the preservation of the great library and museum of the Surgeon-General's office. This great collection of medical books and pathological specimens is now stored in an old theater, and exposed to all the dangers of destruction by fire. The annual appropriation for adding to the library new books and periodicals, as published from year to year, is only granted by Congress in the most niggardly manner after being cut down in committee. Medical men in this country are sufficiently influential in the political affairs of the several States of the Union to secure from their representatives in Congress a proper recognition of this great store-house of knowledge. We would urge upon our readers the importance of bringing this matter personally to the attention of members of Congress now, while the statesmen are enjoying the *otium sine dignitate* of the summer vacation.

AN INCIDENT AT A VIVISECTION LECTURE, PARIS.—A Paris correspondent states that M. Brown-Séquard was giving a lecture at the College of France on vivisection, and produced a young monkey on which he intended to perform experiments. He had not proceeded further than to tie up his patient—who, not liking the preliminary operation, uttered piercing cries—when a lady, elegantly dressed, stepped forward and struck the professor across the face with her parasol. He was ungallant enough to call her "an old fool," and ordered her to be removed. At the police-office she said she had only properly acted on the Gramont humanitarian law. The correctional police will decide whether the plea justifies an assault.

THE New York Medical Journal thus alludes to the President-elect of the American Medical Association: In its newly elected president, also, the Association has done itself an honor. Dr. Flint's position has been such for years that no distinction in the power of the profession to confer upon him could heighten it. It is to be hoped that the meeting over which he will be called to preside at Washington, next year, will be of such a character as to repay him for the pains he will undoubtedly take to make it worthy of the profession.

THE SCIENCE OF MEDICINE.—A Frenchman, M. Raynaud, thus quotes Bichat: An incoherent assemblage of opinions in themselves incoherent, it is, perhaps, of all physiological sciences, that in which the oddities of the human mind are best depicted. I say that it is not a science suited to a methodical mind. *It is an informal assemblage of inexact ideas, of observations that are often childish, of illusory means, of formulas as curiously conceived as they are fantastically arranged.* [The Italics are ours.] It is said that the practice of medicine is repulsive. I go further, and say that it is not the practice of a reasonable man as its principles are carried out in the greater part of our materia medica.

BROUSSAIS said—and in his day such doubtless was the case—that medicine had only landed men in a chimerical hope, and, taken all in all, *had been more harmful than useful to mankind.*

A POPULAR THERAPEUTICAL DELUSION.—There is no more common practice than that of giving spirits of nitrous ether as a diuretic. According to Dr. Nunneley and to recent experiments made by Mr. Edmund A. Cook (British Medical Journal), nitrous ether is in no sense a diuretic by itself, or a diaphoretic.

AN IMPROVEMENT IN LITMUS PAPER.—Dr. Squibb has substituted for the ordinary blue and red litmus paper, a single color, viz., purple. This purple litmus paper turns red with acids, blue with alkalies. It is claimed to be much more delicate and convenient.

MR. JAMES F. WEST, Senior Surgeon to the Queen's Hospital, Birmingham, is dead.

The Louisville Medical News.

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LUNSFORD P. YANDELL, M.D., - - }
L. S. McMURTRY, A.M., M.D., - - - } Editors.

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VACCINATION.

The discussion of the subject of vaccination, at a recent meeting of the Medical Society of Louisville, evidenced a strong disposition on the part of the profession of this city to return to the use of the humanized vaccine virus. The ivory points loaded with bovine matter have been in general use in this city for the past three or four years, though a number of practitioners have maintained a preference for the humanized virus. The dissatisfaction with the points relates to their being unreliable, which is doubtless due to the heavy demand with a limited supply at certain seasons and the deterioration which must come from transportation. We noted, in a recent number of this journal, similar observations reported from New Orleans as the result of the experience of the profession there during the recent epidemic.

The following extract from the proceedings of the Medical Society of New Jersey, at its recent session, indicates a similar state of professional opinion:

Dr. H. H. James, chairman of Committee on "Where and of whom reliable vaccine virus may be obtained," then made a réport, in which he stated that each physician for himself ought to investigate whether the virus he uses is pure and reliable. Owing to the prevalence of smallpox for the last few years, the demand for vaccine lymph has been great; so that, in order to meet this need, a quantity of unreliable virus has been thrust on to the professional community by the "vaccine farms," "vaccine companies," etc. Dr. Wm. M. Nelsh, Surgeon of Municipal Hospital, Philadelphia, says that one propagator is able to charge from eight thousand to fifteen thousand points from one heifer. This is four or five times the number collected by more reliable producers. There is a so-called patent lymph advertised and sold throughout the country. One of these specimens was examined by Dr. J. Mitchell Prudden, of New York, and he found it to contain epithelial cell, hairs, some broken off, others having their roots attached. Besides these things there were fragments of vegetable substances of various kinds. It is thus shown how impure and unreliable much of the lymph is. The author of the paper said that perfectly reliable virus might be obtained from Dr. Henry A. Martin & Son, Boston, or from Dr. Frank P. Foster, of New York. He closed his report by saying that the propagation of animal virus is a service requiring very exact management, and should be committed to no hands but intelligent and conscientious physicians.

After the reading of the paper it was discussed by Dr. J. D. Osborne, of Newark, who said that physicians are much to blame for the unpleasant results which so often follow vaccination with animal virus. He considered the humanized lymph much more reliable.

Dr. Price, of Camden, agreed with Dr. Osborne, and further stated that after vaccinating a child with humanized virus he had placed it in the bed with its father, who had smallpox, without any fear of the disease being transmitted from the sick to the healthy. No unfavorable result followed.

It is by no means an accepted fact in the history of vaccination that the potency of the virus is diminished as relates to protection from smallpox by transmission, thereby necessitating a return to the animal virus. The greatest disasters incurred in vaccination are attributed to the inoculation of decomposing animal matter. There is every reason to believe that these risks are incurred in using impure animal virus as well as with the humanized lymph. By many "arm to arm" vaccination is considered the most satisfactory method, and, after that, many claim the crust to yield the best results.

After all, the discrimination between the two kinds of virus now in the hands of physicians is to be made with reference to the facilities for abundant supply and easy preservation. Equally good results as to

protection are claimed for both the bovine and humanized virus. It has been so often and so thoroughly demonstrated that, by vaccination and revaccination absolute protection from the dangers of smallpox can be secured, no doubt on this subject can be reasonably entertained. The difficulties of vaccination appertain to the uncertainty as to energy and purity of the virus offered the profession, and the care with which the little operation of its introduction into the system is performed. We reiterate in this connection an observation made some weeks since in these columns. Thorough vaccination with its protective results can be most surely obtained in communities by constant vaccination in the intervals between epidemic visitations of smallpox, when an abundance of fresh and reliable virus, either humanized or bovine, is at hand. The disastrous results of vaccination are almost invariably encountered during those periods of panic when the supply of virus is hard pressed to meet the demand. While the embers of smallpox smolder in remote localities, or occasional cases spring up in the weekly health reports, then the good work of vaccination with carefully selected virus should go on. Education of the laity upon this important point is necessary before the complete protection guaranteed by vaccination will be realized. An occasional word from the family physician upon this subject will do much to develop an appreciation of its importance in the popular mind.

A JUST AND MANLY ACT.

A few weeks since Dr. C. G. Comegys, a well-known practitioner of Cincinnati, failed to recognize a case of smallpox which came under his care. The case was one of those rare forms of variola known as *purpura variolosa*, and was diagnosed by Dr. Comegys as *purpura hemorrhagica*. The body being transported, and the coffin opened by relatives—though cautioned against such risk by Dr. Comegys—the disease was communicated and recognized. The lay press of Cincinnati in characteristic manner, regarding medicine an exact science, absolute in accuracy, severely and unjustly criticises Dr. Comegys for this error in diagnosis. These criticisms elicited the following publication from two prominent physicians in Cincinnati. Such action on the part of rival practitioners in the same city is worthy of the highest admiration, and the example is both to be commended and emulated by physicians every where. Instead of observing a significant silence, with expressions of "how unfortunate," "very sorry," etc., they make public a similar oversight on their own part, and thus, in a manly, honest way, give timely aid and support to a colleague exposed to unjust and intemperate public criticism. All honor to these eminent gentlemen, who thus prove themselves worthy members of a great and noble profession. We append the letter, which is worthy of all praise:

DEAR DR. COMEGYS: We desire to express to you our sympathy for the painful criticism to which you have been subjected in the daily press for having mistaken a case of purpura variolosa for a case of purpura hemorrhagica, and believe that the report of an almost similar accident which occurred in the hands of three of us, Dr. James Graham and the subscribers; which you may use as you see fit, will at least divide the responsibility among a greater number.

In this case, which happened seven years ago, the symptoms were so vague and ill-defined that we felt constrained to regard it as an anomalous case of typhoid fever, and so reported it in the death certificate. On post-mortem examination the lesions were found more like that rare form of disease, purpura variolosa, and we determined to report it as such to the Academy of Medicine of this city. The full account of this case, with the subsequent discussion, is detailed in the Cincinnati Clinic, July 15, 1876. We subsequently learned that the body had been in the meantime shipped to some town in the interior of the State.

We trust that you may take comfort, in this evidence of human fallibility which we share with you, in the celebrated aphorism of Voltaire: "Only the charlatan is alway certain."

J. T. WHITTAKER,
P. S. CONNOR.

Bibliography.

Lectures on Orthopedic Surgery and Diseases of the Joints. By LEWIS A. SAYRE, M.D. Second edition. Pp. 569, with 324 illustrations. New York: D. Appleton & Co. 1883.

In 1876 Professor Sayre gave to the profession the first edition of this work, which sets forth the views and methods of an able and original surgeon, who for a number of years has devoted himself with great energy and success to investigations in orthopedic surgery. The distinguished author has not undertaken the useless task of reviewing and criticising all the principles and methods comprised in the science of orthopedics, but prefers to give in the form of lectures, written in that effective style for which he is famous, his own views as to the pathology, diagnosis, and treatment of this important class of diseases and malformations. The edition now issued posesses the same features, with the addition of much new matter and numerous illustrations, so that it may be regarded a complete compendium of the author's views and original observations in this department of surgery. Some of the chapters have been rewritten, so that the work may now be considered complete.

A debt of gratitude is due this eminent surgeon for the great interest he has awakened, both in his own country and abroad, in the study and treatment of deformities and diseases of the joints. He found the orthopedic armamentarium a mass of mechanical horrors, and he has introduced methods which are both effective and humane. The book contains thirty-two chapters, of which five are devoted to the consideration of diseases of the hip-joint. The chapters upon caries of the spine and the resultant deformities will be particularly welcome at this time, since they embody the most recent views of the author upon those methods of treatment with which his name is so intimately associated. He considers the objections to the plaster jacket, and accurately gives the indications for its employment.

In the compilation of statistics, as well as in other portions of the work, the author has enjoyed the valuable services of his son, Dr. Lewis Hall Sayre. An excellent colored lithograph, illustrating a section of an exsected hip-joint, makes an attractive frontispiece to the volume. All of Prof. Sayre's work is characterized by great originality, vigor, and self-reliance, and his lectures exhibit a power of graphic description equaled by few medical writers. As a record of years of brilliant labor, as a guide to the general practitioner, and a work of constant reference to the orthopedist, this book is worthy the highest commendation.

The Practitioner's Ready Reference Book: A Handy Guide in Office and Bedside Practice. By RICHARD J. DUNGLISON, A.M., M.D. Third edition, thoroughly revised and enlarged. P. Blakiston, Son & Co. 1883. Pp. 529. 8vo.

Every physician in active practice feels the need of a convenient volume within which he may at a moment find information of practical character relative to those important duties in which accuracy is so essential. Such knowledge is scattered through the voluminous pages of medical treatises, in the inaccessible pages of medical periodicals, or exists in the physician's mind in doubtful recollection. Every physician, on entering practice, feels the need of a work of reference, containing these important bits of professional knowledge. That Dr. Dunglison has supplied this real want of the practitioner, is demonstrated in the fact that the work before us has reached a third edition.

As is well known, works of this character have not been favorably received by the higher class of practitioners, since they tend to establish routine and unscientific methods of practice. This work is not within the range of such criticism. It deals with those practical features of medical knowledge which necessitate constant reference. It is cyclopedic in character, and is the work of an accomplished and painstaking author, who is fully cognizant of the wants of the busy practitioner. The present edition has been greatly enlarged, and every chapter has been brought up to the most advanced standard of scientific progress. We regret that our space will not permit a detailed notice of the most important chapters; but we can not withhold the highest special commendation of the chapters on Medical Etiquette, on the Application of Trusses, on the Use of the Galvanic Battery, and on Dietetic Preparations for the Sick. Indeed the work is a perfect store-house of valuable knowledge of most recent character daily required by the practitioner of medicine. If kept on the table for daily reference, it will prevent many of those embarrassments which so often impair the reputation and destroy the peace of mind of physicians. We advise all our readers to keep in convenient reach Dr. Dunglison's excellent work.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Case of extreme Mitral Stenosis, death resulting in a few months from sequential lesions without general dropsy. By J. T. Eskridge, M. D., Physician to Jefferson Medical College and St. Mary's Hospital.

Charlie, aged fifteen years, died in St. Mary's Hospital during the latter part of December, 1882. In February of that year, during my term of service, he first came to the hospital, suffering from acute bronchitis. The attack ran its course in a week or two; but the heart, during and after the seizure, was exceedingly irritable, frequently beating from 120 to 150 times per minute. Infrequently he complained of pain over the precordial region. The heart was repeatedly and carefully examined, but no endocardial murmur or pericardial friction-sound was heard. No thrill or friction fremitus was felt. He was kept in the recumbent posture, and counter-irritants were applied to the precordium. At the end of about two weeks he left the hospital, feeling tolerably well, although the cardiac pulsations were rarely below 100 per minute, and a little exercise or excitement of any kind would increase them to 120 or more.

In August, 1882, he re-entered the hospital, and was again suffering from acute bronchitis, with free secretion, attended by numerous subcrepitant and large, moist bronchial râles. After the subsidence of that attack, which took place in about a week, a decidedly rough and rather long presystolic murmur was heard. During the remainder of his life he staid in the hospital, and was engaged most of the time in waiting upon the sick in the ward. Ascending and descending stairs and active exercise of any kind greatly exhausted him, causing him to pant for breath and the heart to beat tumultuously. He rapidly grew worse, and by the latter part of November he was spitting quantities of blood rather frequently. The lungs soon became so engorged that the frequent hemoptysis did not relieve them. During most of December he remained in bed propped up by pillows. The last two weeks of his life he was air-hungry, and gasped for breath. His extremities were cool and cyanosed, his face was of a dusky hue, and he expectorated large quantities of blood and frothy mucus. No general dropsy existed. Considerable albumen was found in the urine. Physical signs of pulmonary congestion and edema, bronchitis, pleurisy with effusion, pleuro pericarditis, and pericarditis with effusion in the pericardium were present during the last few weeks of his life.

Sectio cadaveris. Numerous recent and old pleuritic adhesions were found, especially in the neighborhood of the heart. Pleuræ were slightly adherent to the upper portion of the pericardium by means of recent exudation. Considerable fluid, containing only a trace of lymph, and no pus, was seen in the pleural sacs. The pericardium contained several ounces of nearly clear serum. Several patches of recently exuded lymph were present on the outer surfaces of the ventricles. The weight and size of the heart were greatly increased. The right cavities of the heart were relaxed and filled with dark fluid blood and a chicken-fat clot. The left side of the heart was less relaxed, and contained a smaller quantity of blood. The wall of the right ventricle is nearly twice its usual thickness. Its cavity is slightly enlarged. The right auricle is dilated. The valvular curtains at the pulmonary orifice appear competent, and show no inflammatory deposits. Tricuspid valve slightly incompetent; otherwise normal. The left auricle, with its appendix, is enormously dilated. The left ventricle is concentrically hypertrophied. The aortic valve curtains are somewhat thickened; but they are competent, and do not encroach upon the orifice. The mitral curtains are adherent to each other along their entire right borders and along the external portion of their left free margins, thus leaving a space only four millimeters long by two wide for the blood to pass through. The valve has a leathery feel, but neither it nor the surface of the auricle is rough. The mitral valve does not present the funnel-shaped appearance usually seen in such cases, because probably the curtains had adhered to each other irregularly, and left the small opening to one side of the center of the normal orifice. The lungs were dark, deeply congested, and more or less edematous. Several ounces of clear serum was found in the peritoneal cavity. Liver, spleen, and kidneys dark and congested.

One point in the clinical history of this case is worthy of special attention. The first symptoms directing attention to cardiac disease were the rapid pulse and exceedingly irritable condition of the heart. These symptoms existed for several weeks, and

probably for a few months, before a murmur was audible. An explanation of these, without the presence of a murmur, will be found by a careful study of the diseased mitral valve before us. Neither the valve nor the surface of the auricle are roughened; consequently, for the production of a presystolic murmur under such conditions it is necessary for the blood-current to meet with sufficient resistance in its passage from the auricle into the ventricle to enable it to set up decided vibration in the valve itself. Before sufficient mechanical obstruction took place at this orifice, the parts being comparatively smooth, to develop a murmur, inflammation and beginning adhesions of the curtains to each other were taking place. The latter conditions, although not sufficient to give rise to a murmur, rendered the heart irritable. If the explanation given is the correct one, it points to the significance of some irritable hearts where no murmur is present to announce cardiac valvular disease. The length of the murmur was greater than that of any mitral presystolic murmur that I had heard before. It seemed to be divided into two parts, both occurring between the diastole and systole of the heart. The first part was the softer, and had less intensity; the latter was very rough, and ended abruptly. They corresponded to what Hayden has described as the post-diastolic and pre-systolic murmurs. He says they always denote great obstruction at the auriculo-ventricular orifice. The post-diastolic murmur, he thinks, is due to the passive flow of blood from the auricle into the ventricle; the presystolic taking place when the auricle contracts. If subsequent autopsies should almost constantly associate the prolonged or double pre-systolic murmur with great stenosis at the mitral orifice, it will be of value in prognosis, as life can not long continue when stenosis is as great as seen in the heart I exhibit to-night.

Intra-thoracic Aneurism.—Dr. F. P. Henry exhibited a specimen of intra-thoracic aneurism, markedly sacculated, and involving the arch and descending portion of the aorta as far downward as the lower border of the sixth rib. The following notes were taken by Dr. Howard Kelly, the then resident physician, soon after the patient's admission to the Episcopal Hospital:

December 7, 1882, there is a "distinctly elevated area about two inches in diameter to left of manubrium, occupying the first and second intercostal spaces, and projecting the cartilage of the second rib. This is also the seat of greatest dullness and of strong bruit and expansile movement. Murmurs heard at apex, ensiform cartilage, and second right costal cartilage. . . . Aortic sounds weak and muffled. Pulse in right radial and axillary strong; in left radial and axillary weak and distinctly delayed. Brachials at elbow visible, sinuous, and atheromatous. Faint bruit in left axillary; none in right. Strong bruit in left carotid; faint in right. Same relation between subclavian arteries. Faint bruit in abdominal aorta. Left pupil always smaller than right."

Under the use of large doses of potassium iodide, there was a decided subsidence of the external tumor; also of the pulsation and bruit. The most troublesome symptom, dyspnea, was not, however, materially benefited. Death occurred on May 13th, through rupture into the right bronchus, and was immediate.

The removal of the aneurism was rendered difficult by the adhesions to neighboring tissues, especially to the sternum and ribs in front. The fifth and sixth dorsal vertebræ were deeply eroded, and at the site of these erosions the aneurismal wall was entirely gone, its place being supplied by two masses of fibrin accurately fitting into the erosions, but unconnected organically with the sac. They merely acted as plugs. The heart was in an advanced state of fatty degeneration, and slightly enlarged. The aortic valves were perfectly healthy, but immediately above them well-marked atheromatous changes. The opening into the right bronchus was about the *size of a three-cent piece.*

A Case of Acute Phosphorus Poisoning.—Dr. Henry also presented specimens from a case of acute phosphorus poisoning, consisting of stomach, liver, kidneys, heart, and spleen. The phosphorus was taken with suicidal intent during the night of May 7th, and was obtained by soaking the heads of a box of matches in water. Fifteen minutes after swallowing the solution, the patient, a male German, aged twenty-two, experienced a burning sensation in the stomach, which in the course of a few hours (about six) steadily increased until the pain became excruciating. Copious and repeated attacks of vomiting then ensued and followed every attempt to allay thirst, which was excessive. On the 8th there was a very loose discharge from the bowels. The patient was admitted to the hospital on the 10th. His skin was sallow and dark, but not then icteric in hue. There was tenderness over the liver,

and the line of liver dullness was slightly increased. Severe pain in the abdomen was complained of, and this pain had continued with occasional intermissions since the 8th. The pulse was full and strong, 84 per minute. The temperature was 100°. The urine contained considerable albumen, but no casts nor other abnormal ingredient.

I extract the following from notes taken by the resident physician, Dr. James S. Carpenter:

May 11th. No pain. Pulse 100. Temperature 98.6°. Patient refuses food, but craves acid drinks.

May 12th. Vomited once, but phosphorus not tasted by the patient as heretofore. Pulse 108, and weaker. Temperature, which was 101° on the evening of the 11th, now 98.6°. Decided icterus. Thirst continues.

May 13th. Jaundice increased. Tongue dry and brown, red at edges. Abdominal wall covered with numerous petechial spots. Pulse 126. Temperature 100°.

May 14th. Intense jaundice. One clay-colored stool. Pulse very weak, 132. Temperature 98.5°. Extremities cold. Bladder relieved by catheter; forty-eight ounces removed. The urine contained bile pigment in large amount, and had a strong odor of phosphorus. The man died at 11:40 A. M., one week, less fourteen hours, after taking the poison. As the patient was not admitted until the third day after he had swallowed the phosphorus, the treatment was directed toward relieving pain and maintaining the strength as far as possible.

At the autopsy, which was made very soon after death, the stomach was found filled with a grumous, bloody fluid; but the gastric mucous membrane was quite pale, and free from erosion or any sign of inflammation. The folds of mucous membrane upon its surface were, however, unusually prominent. The liver weighed three pounds and fourteen ounces. The anterior border of right lobe and the parts adjacent to the gall-bladder were yellow-mottled. Streaks of this yellow collection extended along the borders of the fissures on the under surface. In parts these streaks were an inch in width. The bulk of the liver was normal in appearance. The gall-bladder was empty. Heart rigid in systole; valves healthy; slight pericardial effusions. Lungs—some old pleuritic adhesions and emphysematous vesicles at both apices. Spleen and kidneys apparently healthy; blood florid. A microscopical examination of the liver will be made and reported upon at a future meeting.

Selections.

RENAL INADEQUACY.—Dr. Andrew Clark thus describes a condition with the above title, and makes a valuable contribution to our knowledge of certain conditions:

Every man present, I am sure, knows as well as I do multitudes of people who are constantly suffering from ailing health, and whose ailing health can not be referred satisfactorily to any definite cause. The progress of knowledge is greatly enlightening our ignorance about these multitudes of people. It is telling us that some of these people owe their troubles to heredity, to the father who has "eaten sour grapes, and set his children's teeth on edge," to a capricious, weak, and irritable nervous system, to violations, petty but continuous, of simple physiological laws, and so on. But there are numbers of this multitude of ailing people whose illnesses can not be accounted for by any one of these causes to which I have alluded. Upon this multitude I would venture to make a little inroad, and I say that one considerable part of that multitude owes its ill health to deficient excretion.

We all know the importance to the solidarity and health of the economy of an adequate production and discharge of sweat; we know equally the importance to the economy to the adequate production and regular discharge of feces. I am confident, with respect of this latter part of the question, that numbers of young women owe their anemias, their chloroses, their defects of health of various sorts, and often of long duration, to the inadequate discharge from the body of feces; and I now well understand that which one of our great fathers in medicine is reported to have said, speaking of the treatment of anemia, that, if he had only two remedies to deal with anemia in young women—purgatives and iron—he would prefer to rely for success on his purgatives. Well, the same thing may be said about defective excretion from the kidney. The kidney, as we all know, has a very important function to discharge, and the well-being of the economy seems, in a very peculiar and definite way, to depend upon the adequate discharge of the kidney's offices. We know that what is called Bright's disease is not, as a rule, a structural alteration in the kidney which brings about at last a fatal issue, but it is interference with the function of the organ, interference with the eliminative function of the organ; it is not simply the letting out of albumen, for sim-

ilar amounts of albumen and greater amounts of albumen in other affections can be discharged from the body without serious detriment to its well being; it is interference with its excretory function; it is the retention in the blood of matters which ought to be cast off from the blood, and which, not being cast off from the blood, remain in it and poison it. There are cases which, in some measure, I venture to separate off entirely from Bright's disease, in which the kidney, without any sensible alteration of structure that our modern means of investigation will enable us to determine, can not produce a healthy urine. Such kidneys produce a urine which, assuming the quantity to be a quantity of health, is low in density, and is deficient in solid constituents, principally the constituent of urea and its congeners. I will exclude uric acid. I have spoken on this subject once before, and, on that occasion, I committed an error. I said that the main feature of a kidney in this state was, that it could not secrete urine with a proper amount of urea and uric acid; but I find that many of these kidneys, of which I shall speak more precisely in a moment, do not have a deficiency of uric acid; I have learned that since. They have all, however, a deficiency of urea. There is a certain state of the kidney, I repeat, in which, without any alteration of structure that the eye can detect, it can, nevertheless, not produce a perfectly healthy urine. It is a urine low in density and deficient in solid constituents, principally in urea and its congeners. I call this state renal inadequacy.

You may say, "It seems scarcely wise to introduce a name like that, when probably it is nothing less than an early stage of Bright's disease. Why bring in another name?" I will not say that it is not an early stage of Bright's disease; I do not know. I think it need not necessarily be; but I shall assume that it is, perhaps, a very early stage of Bright's disease. I nevertheless think it of practical value—and we who are here to-night are practical men—to recognize by a distinct name a state which may remain as it is during the whole period of life, which is nevertheless capable of removal, and which, if unnoticed, may lead to serious injury to the patient.

Let me explain. The people who have this renal inadequacy are characterized by three things particularly. First and foremost, they are characterized by a curious inability properly to repair damages done to them either by accident or by disease. I have no doubt you, as well as I, have often been puzzled to know why, in particular cases, they could not repair a common accident; or why, in a disease such as pneumonia, the exuded stuff was not melted and speedily swept away; why a man who had met with some trifling accident in the wrist or shoulder remained suffering from it. Then, they not only repair damages of this kind slowly, but they are peculiarly vulnerable. They are the people, as a rule, who are always catching cold, and who, when they catch cold, come within the category of the first characteristic—namely, that they do not get rid of the cold. They are the people who, without apparent reason, and without other existing disease, get pneumonias, pleurisies, pericarditis, and the like. Then, thirdly—and, I think, almost the most important thing to be noticed about these cases—you can never be sure of the result of the performance of an ordinary surgical operation upon them. It is this class of people, as I had the opportunity a few years ago, in London, of discovering, that die from a simple operation by hemorrhage. It is this class of people who have an abscess opened and immediately become what is called pyemic. It is this class of people who, without being able to explain it, attracted the notice of that distinguished surgeon, Sir James Paget. Some years ago he said, "Whenever I find a man in ill health, without definite cause for the ill health, I feel sure that my chances of success in operating upon him are diminished by at least one half." Subsequently he found out, and recently expressed the opinion to me which I had expressed upon a patient of his, that it was due to the low density of the water. The story is this. I was summoned to see a man who was about to undergo a surgical operation, and I was asked the question, "Is this man a suitable person for a surgical operation?" I required, before pronouncing judgment, that I should have the complete urine of two days kept and sent to me. I examined it. The urine was under the quantity—under forty ounces; the density was 1.008 or thereabouts; there was no albumen; there were no casts; but the urea was 1.2. I replied, that it would be at the peril of his life if any operation were performed upon him. They were not satisfied—at least the surgeon was not—with this expression of opinion. Sir James Paget was called in, and he gave the same judgment. Meeting him afterward in consultation, he asked me the question, "Why

did you object to an operation being performed upon the patient?" I said, "On account of the state of the urine;" and he said, "I objected also on the same ground." That shows that from different quarters this question of renal inadequacy has presented itself to the surgeon's mind as well as to the physician's. This, then, is what I mean by renal inadequacy. I refer to those people who have kidneys which, though not materially altered, or at least not altered in any way that we can determine by physical investigation, are yet incapable of producing a sufficiently healthy urine (like an imperfect skin, that is incapable of producing sweat); I mean a urine sufficiently rich in ordinary matters of waste which it is the the business of the kidney to discharge from the body.

A SHARP SPOON IN GYNECOLOGY.—A recent number of the *Archiv für Gynäkologie* contains an excellent article by Dr. v. Weckbecker-Sternefeld, of Munich, on the use of the sharp spoon in gynecology. (Medical Times and Gazette.) This writer's statements are based upon experience, for he gives a table and careful analysis of one hundred cases in which he has used the instrument which he recommends. In this absence of haste, it would be well if his example were more generally followed; for we have known instruments exhibited and lines of practice laid down by men who had never once used their instruments, or seen a case calling for the practice they write about. The cases in which Dr. v. Weckbecker-Sternefeld advises the use of the sharp spoon (which, we may mention, is that known as Simon's) are these: In abortion, when the ovum or membranes, or part of them, are from any cause retained in utero; in cases of mole, vesicular or fleshy; after labor, in cases of hemorrhage or fetid discharges, caused by retention of bits of placenta or membranes, or polypoid growths at the placental site. The advantages of the sharp spoon as compared with the digital detachment and removal of such offending bodies, he thinks, are these: avoidance of septic infection; the small space required for its use; the completeness with which detached bodies can be removed in the hollow of the spoon; the almost painlessness of the proceeding for the patient; the absence of dragging upon the uterus, and the unirritating character of the proceeding. The instrument is used, of course, in the same way as the curette; it may in fact be regarded as a large curette, so shaped as to be capable not merely of detaching, but of bringing away any mass loosely attached to the uterine wall. The size of spoon which Dr. v. Weckbecker-Sternefeld finds most generally useful is about an inch long by rather more than half an inch across. The angle at which the spoon is set on the handle matters little, but it is convenient to have the direction of the convexity and concavity of the spoon indicated by marks on the handle. Its use does not give pain enough to make anesthesia necessary. Our author, as we have mentioned, gives a careful analysis of one hundred cases in which he has used the sharp spoon. Of these, in nine it was employed for the removal of an ovum in process of expulsion; in thirty-one for removal of membranes, or portions of them, after the embryo had been discharged; in twenty-seven for removal of placenta, or portions of it, after premature delivery; in twenty-eight, for the same purpose after delivery at term; in two, for atony of the uterus post-partum; and in the others, for endometritis, deciduoma at the placental site, placental polypus, fleshy and hydatid mole. Of the one hundred cases five died; three from puerperal septicemia existing before the operation was undertaken, one from enteric fever, one from peritonitis. The last mentioned our author considers the only one in which the fatal result could be connected with the operation, but in this there was also some disease of the rectum, and a previous attempt had been made to effect manually the object for which the spoon was used. In most cases no bad symptoms followed, and the patients quickly recovered.

EXOPHTHALMIC GOITRE.—It is well known that the three classical symptoms of this disorder are not always present at the same time, the heart phenomena alone being absolutely essential to the diagnosis. (Medical Times and Gazette.) Other manifestations, less common perhaps, are diarrhea, profuse perspirations (local or general), and alterations of the cutaneous pigmentation. These too are well recognized as being, when present, part of the disease. But attention has recently been called to other symptoms which, if not overlooked, have at any rate not hitherto attracted the attention of observers in more than the most cursory manner. Among these the most constant would appear to be trembling (Marie, *Thèse de Paris*), which affects the whole body

equally, and often appears before any of the characteristic symptoms have been observed. It seems to be more common in the incomplete (*frustes*) forms, than in perfectly typical cases. M. Ballet (*Rev. de Med.*, April,) mentions certain convulsive and paralytic phenomena as having been observed in association with exophthalmic goitre. We think, however, that the cases he brings forward under this head are not sufficiently numerous to exclude the possibility of mere coincidence, though M. Ballet's theory, that the convulsive phenomena are dependent upon perturbation of the heart's action is attractive. Further inquiries are needed upon these points. M. Ballet also includes polyuria, albuminuria, and glycosuria as among the occasional symptoms. In his opinion, exophthalmic goitre is only an expression of the nervous diathesis, which may occur alone or may be combined with other manifestations of the diathesis (*e.g.*, epilepsy, hysteria, chorea, etc.) In conclusion, we would ask whether it is not desirable to call the disease exophthalmic goitre? M. Marie speaks throughout of Basedow's disease. M. Ballet speaks indiscriminately of Basedow's and Grave's disease, both names in fact being used on the same page. This surely can tend to nothing but confusion. We should like to call the attention of both these writers to an article by Dr. Wickam Legg, in the last number of the St. Bartholomew's Hospital Reports, in which he denies that Basedow really described the disease at all, as his remarks allude almost exclusively to the condition of the eyes.

KAIRINE.—Another new drug has been recently introduced to the notice of the profession, which, from published reports, appears well worthy of being brought prominently before our readers. (Medical Press.) On the present occasion the first account of its properties comes from Vienna. Last year many attempts were made to find a substitute for quinine, and these resulted in the synthetic manufacture of chinoline, which, as many of our readers will be aware, was formed artificially out of aniline, nitro-benzol, glycerine, and sulphuric acid. The drug thus made had anti-febrile properties. Other experimental efforts were subsequently made and Otto Fischer, Koenigs, Bedal, and others succeeded in producing out of chinoline a preparation technically described as methoxychinolintetrahydride, but to which they gave the name of kairine. It is an oil that unites with hydrochloric acid. Professor Ludwig gave the above account at a recent meeting of the Royal Medical Society of Vienna, and further gave some account of the results of his own observations and of those of others. One striking effect of taking kairine was shown in the urine of the person taking it. It became brown or olive-green, and more rarely grass-green. It appeared as if some kairine went over the urine unchanged; it becomes still darker by exposure to air. The kairine urine constantly contained bacteria in considerable quantities, so that it would almost seem as if the drug afforded good soil for their growth.

Professor Drasche, who introduced the drug into Vienna practice, then spoke, and gave the results of a series of observations. In large doses—0.5 grain every two hours, up to three grains in the twenty-four—a considerable fall of temperature took place, but accompanied by shivering and grave symptoms of collapse, so that he afterward gave it in 0.2 grain doses until two grains had been given in twenty-four hours. The dose of 0.3 grain caused a fall of 3.4° C. in a case of pneumonia, and in another, a dose of 0.2 grain reduced the temperature 4.3° C. In two cases of erysipelas the temperature was also much reduced by bi-hourly doses of 0.5 and 0.2 grains. Somewhat similar doses produced similar effects in the pyrexia of phthisical patients. The drug was also administered hourly or bi-hourly in 0.2 grain doses in a severe case of typhoid with bloody stools. During the first days of administration, the temperature was reduced on the average scarcely 1° C., but some days it fell to 38° C. (100.2° F.), and remained at this point several hours. Later the daily average diminution of temperature reached 2° C. If the kairine was temporarily omitted, the temperature immediately rose. Doses of 0.3 grain gave rise to rigors, collapse, and feebleness of cardiac action. Prof. Drasche considers that kairine is superior to all other drugs as a promptly-acting anti-pyretic, and believes that it has a great future before it.

INFECTIOUS PNEUMONIA.—Attention is drawn in a report presented by Mr. Harold Palmer to the Newtown and Llanllwchaiarn urban sanitary district, to a prevalence of pneumonia, which strongly resembles similar outbreaks which have been regarded as of an infectious character. (The Lancet.) A strong and healthy male adult was, in

June last year, suddenly siezed with a severe form of pneumonia, which rapidly assumed a so-called typhoid character. The general symptoms raised a suspicion that the disease was of a septic nature, and due to faulty sanitary conditions; a view which was confirmed as the result of an inspection of the house. Having regard to these facts, prompt measures were taken to do away with the unwholesome drain conditions which had been found, but the medical practitioner in attendance, as also two other persons were seized with the same disease, and two of the cases, including that of the medical man, proved fatal within a few days. In all the four cases the pneumonia was double, and the patients were male adults. This is by no means the first instance in which a similar result has followed on a first case of this disease. Indeed, a single visit to a house where this form of pneumonia has prevailed has been attended by the occurrence of urgent lung inflammation within a few days, death speedily resulting. It is always possible that the disease may, as regards causation, be similar to enteric fever, and that the pneumonic condition, which as a rule supervenes at a later stage, may, when it takes precedence of the bowel and other lesions, assume a specially virulent character, masking the more ordinary symptoms, and having, as a rule, a rapidly fatal termination. Further experience, however, as to the disease is needed before any decided opinion can be expressed on this point.

PERIODIC RECURRENT PARALYSIS OF OCULAR MUSCLES.—A remarkable case of paralysis of the ocular muscles, coming and going every month simultaneously with the appearance and disappearance of the catamenia, has been recorded by von Hasner (*Centralblatt für Klin. Med.*) It occurred in a girl aged seventeen years, of good physique, who had suffered since her thirteenth year from ptosis of the left upper eyelid, which sat in every month, lasted three days, and was accompanied at its commencement by headache and vomiting. Menstruation began at the age of fifteen years, when it was observed that this coincided with the monthly ptosis of the left eye. The author had the opportunity of seeing the patient at the onset of one of her periods, and then made out total palsy of the muscles of the left eye; the second day of the menstrual period witnessed a regression of the paralysis of the left eyelid, of the headache, and vomiting. With the cessation of the menses on the third day a gradual restoration of the movements of the eye took place, the pupil remaining dilated a little while longer.

ON THE IMPROPRIETY OF THE INVERSION OF PATIENTS IN APPARENT DEATH FROM CHLOROFORM, DROWNING, ETC.—Henry R. Silvester, M.D., writes, in the Lancet:

The Lancet of March 10th contains an interesting article by Dr. Eben. Watson, of the Glasgow Royal Infirmary, entitled "Remarks questioning the Propriety of the Inversion of Patients in the Chloroform Syncope," in which he submits on physiological grounds that this proceeding is injurious to the patient, in the first place, because it has a tendency to increase the engorgement of the right side of the heart and large vessels, a condition which is known to exist as one of the most striking effects of the employment of anesthetic agents; secondly, that this practice is useless as a means of forcing on the general circulation, for, as every one knows, the blood must pass through the right side of the heart and through the lungs before it can be sent to the body generally; but, since the heart is powerless to act on account of the difficulty which exists in the lungs, the further congestion occasioned by the inverted position of the body merely aggravates the existing evil; and, thirdly, that the venous blood in the neck and arms which gets to the brain, in consequence of the depression of the head, only deepens the coma which already exists. Now there is no doubt that the treatment of drowned persons by inverting the body is very ancient. The attempt to restore from drowning by inverting the body is depicted on the Egyptian monuments. The exploits of Rameses the Great in Assyria are represented in the sculptures on the tomb of Osymandyos; some of the defeated enemy are carrying the corpse of their chief, who was drowned in the river Euphrates, and are in vain endeavoring to restore life by holding the head downward to expel the water which was believed to have entered the body. It is probable that this kind of treatment continued down to comparatively modern times; for, in the year 1774, the Royal Humane Society ordered that the body should not be carried on any one's shoulders with the head hanging downward, nor rolled upon the ground, nor over a barrel, nor lifted by the heels, and it is added that "these methods are injurious, and often destroy the small remains

of life." Seeing, then, how injurious and apparently useless this method of treatment appears on physiological grounds, may it not have been revived with another object in view—namely, that by this means the heavy vapor of chloroform might be thus poured out from the lungs by gravitation! It is, however, very doubtful whether the vapor of chloroform, still less that of ether, at the temperature of the body, can be ejected from the lungs in this way, for some time since I performed a series of experiments in order to ascertain whether it would be possible to remove water (which is much heavier than the vapor of chloroform) from the lungs of drowned persons (supposing for the sake of argument that it had gained admission there) by placing the body in any of the positions which have been recommended for the attainment of this object. I injected small and large quantities of water into the lungs through the windpipe by a forcing syringe, and then endeavored to remove it by placing the body in various positions, such as reclining on the face, rolled from supine to prone, held up by the feet, etc., but without success, although there was less difficulty with regard to fluids in the stomach; but this is not of much consequence, as the water swallowed is usually vomited on the return of consciousness.

In the treatment of the apparently dead the following positions of the body have had their advocates—namely, resting horizontally on the face, on the side, on the back, alternately prone and supine, inverted, sitting up, bent forward and bent backward. Dr. E. Watson recommends the "supine and horizontal;" but experience appears to teach that the most suitable position is that of lying on the back, the body inclining a little from the feet upward, the shoulders and head slightly raised and supported on a firm cushion. This position is favorable for the relief of congestion of the heart and head, and both sides of the chest are free to expand, and this affords the best chance of restoration from apparent death.

NITRITE OF AMYL IN UREMIC ASTHMA.—Dr. Thomas Sanctuary writes, in the British Medical Journal, as follows:

With reference to Dr. Sheen's note on this treatment, published in the Journal for April 28th, I may say that, in August last, I attended a patient (for Dr. Adam, of Boston,) who had been suffering for a long time from gout, chronic Bright's disease, and albuminuria, with occasional attacks of asthma and pulmonary edema. On one occasion, when suffering from a severe fit of asthma, I made him inhale nitrite of amyl, from which he obtained great relief for several days. A week subsequently to the first administration of the amyl, he was sitting in his room alone, and was suddenly seized with a violent attack of asthma, and, before he could reach the nitrite, he became unconscious, and expired in a few minutes.

I may add that he informed me that nothing had given him so much relief as the nitrite; and possibly, had he been able to reach it in time, during the last attack, his life might have been prolonged.

CARCINO-SARCOMA OF THE UTERUS IN A CHILD.—Prof. Rosenstein has recorded an example of alleged mixed sarcoma and carcinoma of the uterus in a child two years old. (Lancet.) The child was taken to the doctor chiefly because it had not passed water for three days. On examination a tumor of the belly was detected, which was partly due to a distended bladder. After seven hundred cubic centimeters of urine had been drawn off a tumor was still felt which reached about three fingers' breadth above the pubic symphysis. The child died on the fourteenth day. At the post-mortem the uterus was found closely adherent to the bladder, an irregularly rounded tumor was seen projecting above the apex of the bladder, and apparently springing from the right lateral wall of the uterus, which was tilted toward the left; this nodule extended for about an inch beyond the limits of the fundus. Another nodule the size of a walnut was seen to project from the left of the fundus.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from June 9, 1883, to June 16, 1883.

Tilton, Henry R., Major and Surgeon, granted leave of absence for four months. (Par. 7, S. O. 136, A. G. O., June 14, 1883.) *Appel, Aaron H.*, First Lieutenant and Assistant Surgeon, relieved from duty in the Department of Dakota, and assigned to duty in the Department of the East. (Par. 3, S. O. 130, A. G. O., June 7, 1883.) *Powell, Junius L.*, First Lieutenant and Assistant Surgeon, relieved from duty in the Department of Texas, and assigned to duty in the Department of the East. (Par. 3, S. O. 130, A. G. O., June 7, 1883.) *Richard, Charles*, First Lieutenant and Assistant Surgeon, relieved from duty in the Department of Dakota, and assigned to duty in the Department of the East. (Par. 3, S. O. 130, A. G. O., June 7, 1883.)